Employee Trust Funds Group Health Insurance	Employer No. (EIN) 69-036-	Deduction Month	Coverage Month	Suffix

Wisconsin Public Employers (Local)
2003 MONTHLY COVERAGE REPORT

	Employer Name		Group No.

	Single Contracts	Family Contracts
1. **Contracts in Effect Last Month:**		
2. Additions Report: (+)		
3. Deletions Report: (-)		
4. Changes Report: "To" (+)		
5. Changes Report "From": (-)		
6. **Contracts in Effect This Month:**		

7. Plan	Suffix	Single Contracts	Family Contracts
Standard – Dane	.A1	541.90	1,319.40
Standard – Milwaukee	.A2	541.90	1,319.40
Standard – Waukesha	.A3	528.40	1,285.80
Standard – Wisconsin	.A4	493.00	1,197.20
State Maintenance Plan (SMP)	.05	487.60	1,187.50
CompcareBlue North	.12	395.20	983.70
CompcareBlue Northeast	.14	419.30	1,043.90
Dean Health Plan	.15	286.00	710.70
CompcareBlue – Aurora/Family	.16	390.80	972.70
Humana – Eastern	.21	420.10	1,045.90
Humana - Western	.22	386.20	961.10
GHC - Eau Claire	.30	414.90	1,032.90
GHC - South Central	.35	310.90	772.90
Gundersen Lutheran	.37	452.00	1,125.70
Atrium Health Plan	.39	519.40	1,294.20
Unity – Community	.40	323.20	803.60
Prevea Health Plan	.47	466.80	1,162.60
Health Tradition	.55	415.50	1,034.40
Medical Associates HMO	.63	332.60	827.20
MercyCare Health Plan	.64	311.80	775.20
Valley Health Plan	.65	448.70	1,117.40
Network – Fox Valley	.70	352.60	877.20
Physicians Plus - South Central	.74	336.90	837.90
Unity - UW Health	.92	323.20	803.60
Touchpoint Health Plan	.94	372.90	927.90
8. Subtotals (No. of Contracts x Premiums)		8a	8b

A. Employee Share =	**	(Line 8a + Line 8b) **9. Subtotal**
B. Employer Share =	**	**10. Adjustments**
C. Total* (Lines A + B) =	**	(Line 9 + Line 10) **11. Grand Total***

 * NOTE: Figure entered on line C must equal figure entered on line 11.
** NOTE: Figure entered must correspond to this plan's entry on the summary.

Date (MM/DD/CCYY)	Prepared By	Telephone

ET-1630 (REV 09/2002)